

CANDIDATE / ELECTED OFFICIAL

ANNUAL REPORT

SUMMARY FORM 1A

Please Print in Ink or Type.

Name of Candidate or Elected Official		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable)			
Address <input type="checkbox"/> Check box if reporting new address			
City	State	ZIP Code	Telephone Number

Type of Report (check one)

- ☐ Annual Report for Year _____
- ☐ Termination Report
- ☐ Amended Annual Report for Year _____

SECTION I - Summary of activity from last filed report through December 31 of reporting year

1	Beginning balance (ending balance from previous filing)		1	
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a		
2b	Non-itemized cash contributions	2b		
2c	Total cash contributions (add lines 2a and 2b)		2c	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a		
3b	Non-itemized in-kind contributions	3b		
3c	Total in-kind contributions (add lines 3a and 3b)	3c		
Receipts from Other Sources				
4	Total receipts from other sources (total from Form 4)		4	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a		
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)		5c	
6	Ending balance (add lines 1, 2c, & 4, then subtract line 5c)		6	

SECTION II - Summary of activity for entire reporting year - January 1st through December 31st

7	Beginning balance (as of January 1 of reporting year)		7	
8	Total cash contributions for year		8	
9	Total in-kind contributions for year	9		
10	Total receipts from other sources for year		10	
11	Total expenditures for year		11	
12	Ending balance (add lines 7, 8, & 10, then subtract line 11)		12	
13	Total campaign debt (total debt owed as of December 31)	13		

Sworn to and subscribed before me this _____ day of _____ of the year _____. My commission expires the _____ day of _____ of the year _____.

As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are true and correct and that this information is a full and complete statement of all contributions, expenditures, and other required information during the applicable period of time.

Signature of Notary Public

Signature of Candidate or Elected Official

Date

Print Notary's Name

FORM REVISED 10.29.99

ANNUAL REPORT

LOANS/INTEREST/OTHER SOURCES OF INCOME TO CANDIDATE OR ELECTED OFFICIAL

PAGE _____ OF _____

The FCPA requires that those contributions greater than \$100 be itemized. **DO NOT LIST** cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

[illegible]

FORM 5: EXPENDITURES

BY CANDIDATE OR ELECTED OFFICIAL - INCLUDING CONTRIBUTIONS TO OTHER CANDIDATES, POLITICAL PARTIES, AND POLITICAL COMMITTEES

PAGE _____ OF _____

The FCPA requires that expenditures over \$100 be itemized.

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)									DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation		
TOTAL EXPENDITURES THIS PAGE												
FORM REVISED 10.29.99												